

Acknowledgement of Receipt of Notice

Audiologists Northwest

1411 Wheaton Way, Bremerton, WA 98310

Lynn E. Byrne, privacy officer

I hereby acknowledge that I received a copy of this office's Notice of Privacy Practices.

Yes No (circle one) I would like to receive a copy of any amended Notice of Privacy Practices

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate.

Relationship:

- .. parent or guardian of minor patient
- .. guardian or conservator of an incompetent patient
- .. beneficiary or personal representative of deceased patient

Name of Patient: _____

For Office Use Only:

Í Signed form received by: _____

Í Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

